Form-8

[See rules 13(3) and 26]

FORM	No.					



(To be filled by office)

Voter Application Form for shifting of Residence/Correction of Entries in Existing Electoral Roll/Replacement of EPIC/Marking of PwD

(I) Name of the a	pplicant																		
EPIC No.																			
adhaar Details:-	(Please tick the a	appropria	ate box)	· · · · · ·															
(a) Aad	lhaar Number											()r						
(b) I an	n not able to fur	rnish my	y Aadh:	aar Nun	nber be	cause I	don't h	ave A	adhaa	r Nur	nber.								
Mobile No. of S	Self (or)																		
Mobile No. of	Father/Mother/	Any oth	er relat	ive (if a	vailable	e)]			
Email Id of Self	(or)																		
Email Id of Fat	her/Mother/An	y other	relative	(if avai	ilable)_														
) I submit applic	cation for	(Tick an	ny one o	f the fol	lowing)														
1. Shifting	g of Residence	(or)																	
2. Correct	tion of Entries in	n Existin	g Elect	oral Rol	ll (or)														
, Hagna a	0.D. 1		241 4 -	orrectio	n (or)														
3. Issue o	f Replacement l	EPIC wi	itnout c	orrectio	11 (01)														
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2. Application for Correction of Entries in Existing Electoral Roll	
Please correct my following details in Electoral Roll/EPIC:	
(Maximum of 4 entries/particulars can be corrected) (Put a tick ☑ in appropriate box below.) Copy of self-attested Documentary Proof in support of claim to be a support	3. DoB/Age UNSIGNED COLOUR PHOTOGRAPH (4.5 C.M X 3.5 C.M) SHOWING FRONTAL VIEW OF FULL FACE WITH WHITE BACKGROUND (ONLY IF PHOTO TO BE CHANGED)
I request that a replacement EPIC may be issued to me due to chan I hereby return my old EPIC.	ge in my personal details.
Mutilated	ginal EPIC is- and control like floods, fire, other natural disaster etc. of FIR/Police report for lost EPIC & I undertake to return the earlier
4. Application for Marking Person with Disability Category of disability (Tick the appropriate box for category of disability Locomotive Visual Deaf & Dumb Percentage of disability: %, Certificate attached (Tick the approximate)	If any other (Give description)
DECLARA I HEREBY DECLARE that to the best of my knowledge and belief the statement or declaration which is false and which I know or believe under Section 31 of Representation of the People Act,1950 (43 of year or with fine or with both. Date: Place: Signa	hat I am a citizen of India and I am aware that making a re to be false or do not believe to be true, is punishable
Accessibility Instructions:- In the light of provisions of Rights of Pe Disabilities Rules, 2017, in case of persons with intellectual disa signature or left hand thumb impression of person with disability, o guardian will be required.	bility, autism, cerebral palsy and multiple disabilities etc.,
^Submission of self-attested copy of mentioned documents wil	l ensure speedy delivery of services.
K	*
Acknowledgement/Receip	t for application
Acknowledgment Number	Date
Received the application in Form 8 of Shri/Smt./Ms.	

To be appended to Form-8

GUIDELINES FOR FILLING UP THE APPLICATION FORM-8

1. General Instruction:-

- (a) The application can be made by a registered/enrolled elector for shifting of residence, or for correction of entries or for issue of replacement EPIC or for marking as PwD.
- (b) In case of approval of application by Electoral Registration Officer (ERO) for shifting of residence, correction of entries and issue of replacement EPIC without correction, a new replacement EPIC will be issued to the applicant and he has to return his old EPIC to the Electoral Registration Officer immediately.
- 2. <u>Item No. I (Name of the applicant)-</u> The applicant shall mention his name, EPIC no., Aadhaar number, mobile number and email id of self or relative mentioned therein. Aadhaar Number should be furnished for the purpose of authentication of entries. If the applicant does not have Aadhaar number, the same may be mentioned in box at item I (b).
- 3. <u>Item No. II (Option for application)</u>—The applicant has to tick any one of the options for making application and fill the details in the relevant section of the application. All other sections which are not relevant should be struck off.

4. Application for shifting of residence-

- (a) The application has to be made to the Electoral Registration Officer of the constituency in which the new address of the applicant is located.
- (b) The applicant has to mention his new address, where he has shifted to and presently staying and attach a self-attested copy of any one of the mentioned documents as address proof in his own name or in name of his parents/spouse. He has to tick the mentioned document which he has given as address proof. Mentioned document will ensure speedy delivery of services. If he does not possess any of the mentioned documents, he has to mention name of the other document given for address proof in the blank space.

5. Application for correction of entries in existing roll-

- (a) If an applicant intends to get any existing entry relating to him in the electoral roll corrected, he has to tick in the appropriate box and attach the document in the support of his claim. The name of the document must be mentioned in the blank space given.
- (b) In case, the applicant desires to change his photograph, he has to paste a recent good quality passport size unsigned colour photograph (4.5 cm X 3.5 cm) with white background, in the box meant for it.
- Application for replacement EPIC without correction- The applicant shall put a tick in appropriate box seeking for a replacement EPIC. He shall return his mutilated/old EPIC or submit a copy of FIR/Police report for lost EPIC.
- 7. <u>DECLARATION</u>- The applicant must give a 'DECLARATION' that the facts and particulars mentioned in the application are true to the best of his/her knowledge and belief.
 - Please note that giving any false statement made in the DECLARATION portion is a punishable offence under section 31 of the Representation of the People Act, 1950 (43 of 1950) with imprisonment with a term which may extend to one year or with fine or with both.".

13. Forms 8A and 8B to the said rules shall be omitted.